

FILED

AUG 20 02

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

AHCA

DEPARTMENT CLERK

STATE OF FLORIDA,  
AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Petitioner,

vs.

Audit No.: CI 01-1820-000-3/EDW

Provider No.: 6507565 00

Just For Kids, Inc.,

Respondent.

\_\_\_\_\_ /

**FINAL ORDER**

THIS CAUSE is before me for issuance of a Final Order. In a letter dated June 7, 2002, Just For Kids, Inc. (Respondent) was informed that the State of Florida, Agency for Health Care Administration (Agency) was seeking to recoup Medicaid overpayments in the amount of \$4,283.52. The letter was sent Certified Mail, return receipt requested, to Respondent, who signed for it on June 12, 2002.

The letter contained full disclosure and notice regarding Respondent's administrative hearing and due process rights. To date, Respondent has not requested a hearing to dispute the facts contained in the letter.

**FINDINGS OF FACT**

1. The Respondent received a final audit report (letter) on June 12, 2002, that identified an overpayment amount owed to the Agency.
2. The letter disclosed the Respondent's administrative and due process rights.

3. The Respondent has chosen not to dispute the facts set forth in the letter. Therefore, those facts, each and every one, are hereby deemed admitted, and form the factual basis for the existence of an overpayment owed by Respondent, in the amount of \$4,283.52. That amount is now due and owing, with interest, since the date of assessment, as more fully set forth below.

### **CONCLUSIONS OF LAW**

4. The Agency incorporates and adopts the statements and conclusions of law as set forth in the letter dated June 7, 2002.

5. The admitted facts support the conclusion that the amount of the stated overpayment is due and owing, under the law generally set forth in the final audit letter.

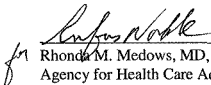
6. Furthermore, Respondent is advised that pursuant to 409.913(24)b; and 409.913(14)q Florida Statutes, failure to pay in full, or enter into and abide by the terms of any repayment schedule set forth by the Agency may result in termination from the Medicaid program.

### **ORDER**

BASED on the forgoing, it is

**ORDERED** and **ADJUDGED** that Respondent refund, forthwith, the sum of \$4,283.52, together with statutory interest as set forth in §409.913(24)(b), Florida Statutes, which began to accrue on June 7, 2002.

**DONE** and **ORDERED** this 13 day of August, 2002, in Tallahassee,  
Florida.

  
for Rhonda M. Medows, MD, Secretary  
Agency for Health Care Administration

**A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.**

Copies furnished to:

L. William Porter II  
Assistant General Counsel  
Agency for Health Care  
Administration  
(interoffice mail)

Just For Kids, Inc.  
1233 45<sup>th</sup> Street, Suite A4  
West Palm Beach, Florida 33407

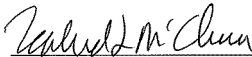
Chief, Medicaid Program Integrity  
(interoffice mail)

Willie Bivens, Finance & Accounting  
(interoffice mail)

D. Kenneth Yon, Medicaid Program Integrity

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served on the above-named persons by U.S. Mail or interoffice mail as indicated on this the 20<sup>th</sup> day of August, 2002.



Leland McCharen, Agency Clerk  
State of Florida  
Agency for Health Care Administration  
2727 Mahan Drive, Building #3  
Tallahassee, Florida 32308-5403  
(850) 922-5865

June 7, 2002

**CERTIFIED MAIL - RETURN RECEIPT NO. 7001 0360 0003 8769 8170**

Provider No. 6507565 00

Just For Kids, Inc.  
1233 45<sup>th</sup> Street, Suite A5  
West Palm Beach, Florida 33407

In Reply Refer to:  
**FINAL AGENCY AUDIT REPORT**  
C.I. 01-1820-000-3/EDW

Dear Provider:

The Agency for Health Care Administration has reviewed the documentation you provided in your letter of April 26, 2002. Based upon that review we have determined that you were overpaid \$4,283.52 for claims that in whole or in part are not covered by Medicaid.

The review and the determination of overpayment were made in accordance with the provisions of Section 409.913, Florida Statutes (F.S.). In determining payment pursuant to Medicaid policy, the Medicaid program utilizes procedure codes, descriptions, policies and the limitations and exclusions found in the Medicaid provider handbooks. In applying for Medicaid reimbursement, providers are required to follow the guidelines set forth in the applicable rules and Medicaid fee schedules, as promulgated in the Medicaid policy handbooks and billing bulletins. Medicaid cannot pay for services that do not meet these guidelines.

**REVIEW DETERMINATIONS**

1. **Recipient** : we have accepted the documentation you provided showing that the services were authorized with a plan of treatment and a service authorization. There is no overpayment respecting these claims.
2. **Recipient** the agency has no record of the 8/9/01 claim in question having been voided. The overpayment of \$93.12 is unchanged.
3. **Recipient** : you agreed with the overpayment of \$1350.24.
4. **Recipient** : Medicaid policy requires that private duty nursing services be authorized by the Area Service Authorization nurse. You billed for services from 4/9/01 through 4/15/01 after authorization had been denied. The overpayment of \$2,840.16 is unchanged.

If you concur with the amount of the overpayment, please send your check in the amount shown in the first paragraph of this letter. The check must be payable to the Florida Agency for Health Care Administration, not to any employee of the agency. To ensure proper credit, be certain your provider number is shown on your check. Please mail to:



Agency for Health Care Administration  
Medicaid Accounts Receivable  
Attention: Ms. Willie Bivens  
P.O. Box 13749  
Tallahassee, Florida 32317-3749

If payment is not received or arranged for, within 30 days of receipt of this letter, the Agency may withhold Medicaid payments in accordance with the provisions of Chapter 409.913(26), F.S. Questions regarding payment should be directed to Ms. Willie Bivens, Medicaid Accounts Receivable, (850) 487-4298.

You have the right to request a formal or informal hearing pursuant to section 120.569, F.S. If a request for formal hearing is made, the petition must be made in compliance with rule section 28-106.201, Florida Administrative Code (F.A.C.). If a request for informal hearing is made, the petition must be made in compliance with rule section 28-106.301, F.A.C. Please note that rule section 28-106.201 (formal hearing) and 28-106.301 (informal hearing), F.A.C., specify that the petition shall contain a concise discussion of specific items in dispute. Additionally, you are hereby informed that if a request for a hearing is made, the petition must be received within twenty-one (21) days of receipt of this letter.

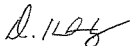
**It is important that a request for an informal hearing or a formal hearing be sent only to the following address:**

Mr. Charles Ginn, Chief  
Medicaid Program Integrity  
Office of the Inspector General  
Agency for Health Care Administration  
2727 Mahan, Drive Mail Stop #6  
Tallahassee, Florida 32308-5403

**Do not send requests or petitions to any other address.** If a hearing request is not received within twenty-one (21) days from the date of receipt of this letter, the right to such hearing is waived.

If you have any questions about this matter, please contact Mrs. Ellen Williams at (850) 413-9275.

Sincerely,



D. Kenneth Yon  
AHCA Administrator  
Medicaid Program Integrity

DKY/edw

Enclosures

Cc: Medicaid Accounts Receivable  
Medicaid Program Development  
Medicaid Program Integrity Administration  
Area Medicaid Office

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 3153/Ep31

*Just for Kids, Inc.*  
 1233 45<sup>th</sup> Street, Suite A5  
 West Palm Beach, Florida 33407

## COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent's AddressB. Received by (Printed Name) KarenC. Date of Delivery 6/12D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes2. Article Number  
(Transfer from service label)7001 0360 0003 8769 8170

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

RECEIVED

JUN 17 2002

MEDICAID PROGRAM  
INTEGRITY  
WORK GROUP III

AHCA

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid Program Integrity  
Work Group III  
2727 Mahan Drive  
Tallahassee, FL 32309  
Mail Stop - 6

RECEIVED

JUN 14 2002

MEDICAID PROGRAM  
INTEGRITY  
ADMINISTRATION

